

DO NOT WRITE IN THIS SPACE

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

Incident Report

Investigation Completed

Investigation Made at Scene

Photographs

Y N

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Revised

Fatality

Hit and Run

Y N

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(1) Reporting Agency OKLAHOMA HIGHWAY PATROL				Case Number (Agency Use) YE00112-20				Motor Vehicles Involved 02		Number Injured 01		Number Killed 00	
(2) Date of Collision (mm/dd/yyyy) 08/08/2020				Time 1619		County Number and Name 09 CANADIAN		Nearest City or Town Number and Name In <input checked="" type="checkbox"/> 70 OKLAHOMA CITY Near <input type="checkbox"/>					
(3) Distance from Nearest City or Town Limits Mi. <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> Ft. <input type="checkbox"/>				Control # 00		Int ID 00		Location 00		East Grid 067		North Grid 026	
(4) Street, Road or Highway KILPATRICK TURNPIKE MILE 113				Distance from At 0264		Mi. <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>		of NW 36 ST.		(Nearest) Intersecting Street, Road or Highway			
(5) Unit 01		Occupants 01		Type D		Last Name MILANOVIC		First OGNJEN		Middle 		Suffix 	
Hit & Run <input checked="" type="checkbox"/>		CMV <input checked="" type="checkbox"/>		Date of Birth (mm/dd/yyyy) 07/30/1984		Sex M							
(6) Address 3-3 FOUR WINDS DR				City NORTH YORK		State ON		Zip 		Telephone (Use Area Code) (956)888-7269			
(7) Driver License Number M42956020840730				State ON		Class A		Endorsement(s) 		Restriction(s) Z		Inj. Sev. 3	
Type of Injury 2,4				Drv./Ped. Cond. 11		OP Use 01							
(8) Ejected 1		Extricated 1		Test 1		(% BAC) 5.0		Transported by EMSA		To Medical Facility OU HOSPITAL		License Plate Number PA10315	
Air Bag 1		State ON		Month 12		Year 2020							
(9) VIN IXKYDP9X0LJ960146				Vehicle Year 2020		Color BLU		2nd Color 0		Make KW		Model T680	
Veh. Conf. 10		Extent of Damage 4											
(10) Insurance Company Name 3 OLD REPUBLIC INS CO				Policy Number T70051D				Insurance Telephone (Use Area Code) (866)524-1556					
(11) Vehicle Removed by Driver <input type="checkbox"/> ARROW WRECKER				Owner's Last Name Same as Driver <input type="checkbox"/>				First 		Middle 		Suffix 	
(12) Owner's Address 				City 		State 		Zip 		Towed Veh. Type Oversized Load <input type="checkbox"/> 0		Rollover <input type="checkbox"/> Phone present <input checked="" type="checkbox"/>	
Burned <input type="checkbox"/> Phone in use <input type="checkbox"/>													
(13) Citation Number 				Statute/Ordinance Number 		Citation Number 		Statute/Ordinance Number 					
(14) Unit 02		Occupants 00		Type C		Last Name 9		First 		Middle 		Suffix 	
Hit & Run <input type="checkbox"/>		CMV <input type="checkbox"/>		Date of Birth (mm/dd/yyyy) 01/01/0001		Sex 							
(15) Address 				City YUKON		State OK		Zip 73099		Telephone (Use Area Code) (405)200-6417			
(16) Driver License Number 9				State 		Class 		Endorsement(s) 		Restriction(s) 		Inj. Sev. 0	
Type of Injury 0				Drv./Ped. Cond. 00		OP Use 00							
(17) Ejected 0		Extricated 0		Test 0		(% BAC) 5.0		Transported by 		To Medical Facility 		License Plate Number BXZ861	
Air Bag 0		State OK		Month 06		Year 2021							
(18) VIN 1FMCUEG5AKC23076				Vehicle Year 2010		Color WHI		2nd Color 0		Make FORD		Model ESCA	
Veh. Conf. 20		Extent of Damage 4											
(19) Insurance Company Name 2 STATE FARM INSURANCE				Policy Number 3623576151				Insurance Telephone (Use Area Code) (800)782-8332					
(20) Vehicle Removed by Driver <input checked="" type="checkbox"/>				Owner's Last Name Same as Driver <input type="checkbox"/> MENDENHALL				First EMILY OR MILA		Middle 		Suffix 	
(21) Owner's Address 3704 CATAMARAN DR				City YUKON		State OK		Zip 73099		Towed Veh. Type Oversized Load <input type="checkbox"/> 0		Rollover <input type="checkbox"/> Phone present <input type="checkbox"/>	
Burned <input type="checkbox"/> Phone in use <input type="checkbox"/>													
(22) Citation Number 				Statute/Ordinance Number 		Citation Number 		Statute/Ordinance Number 					
(23) Investigating Officer Wayne Linzy				Badge Number 649		Trp/Div. Assigned YE		Trp/Div. Location YE		Reviewer (Init.) TL		Reviewer Badge Number 94	
Date of Report (mm/dd/yyyy) 08/08/2020													
Unit Type D Driver P Pedestrian X Pedestrian Conveyance B Bicyclist		Injury Severity 0 N/A 1 No Injury 2 Possible 3 Non-Incapacitating 4 Incapacitating 5 Fatal 9 Unknown		Type of Injury 0 N/A 1 Head 2 Trunk-External 3 Trunk-Internal 4 Arms 5 Legs 9 Unknown		Driver/Pedestrian Condition 00 Not Applicable 01 Apparently Normal 02 Drinking - Ability Impaired 03 Odor of Alcohol Beverage 04 Illegal Drugs 05 Under the Influence of Medications 06 Very Tired 07 Sleepy 08 Ill (Sick) 09 Dizzy/Faint 10 Emotional 11 Other 99 Unknown		Occupant Protection (OP) In Use 00 Not Applicable 01 None Used 02 Lap Belt Only 03 Shoulder Belt Only 04 Shoulder and Lap Belt 05 Child Restraint Type Unknown 06 Restraint Used - Type Unknown 07 Helmet 08 Child Restraint - Forward Facing 09 Child Restraint - Rear Facing 10 Booster Seat 11 Other 99 Unknown					
Air Bag Deployed 0 Not Applicable 4 Deployed - Other (knee, air belt, etc.) 2 Deployed - Front 3 Deployed - Side 5 Deployed - Combination 9 Deployment Unknown		Ejected 0 Not Applicable 1 Not Ejected 2 Ejected, Partially 3 Ejected, Totally 9 Unknown		Extricated 0 N/A 1 No 2 Yes 3 Blood/Breath		Chemical Test 0 N/A 1 Blood 2 Breath 3 Blood/Breath 4 Test Refused 5 Name Given 6 Other		Extent of Damage 0 N/A 1 None 2 Minor 3 Functional 4 Disabling 9 Unknown		Insurance Verification 0 N/A 1 Operator 2 Owner 3 Exempt 4 Permitted		Oversized Load 0 N/A 1 Not Permitted P Permitted	
Towed Vehicle Type 00 N/A 01 Boat Trailer 02 House Trailer 03 Farm Trailer 04 Horse Trailer 05 Another Vehicle 06 Utility Trailer 07 Homestead Trailer 08 Box Trailer 09 Stock Trailer 10 Camping Trailer 11 Combination 12 Other 99 Unknown													

WARNING - STATE LAW

Use of contents for commercial solicitation is unlawful

DPS: 0192-01 REV 0107

EXHIBIT 1

Case Number YE00112-20

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(24) Unit	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input type="checkbox"/> Prop. Owner <input checked="" type="checkbox"/>	Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
00		00	OKLA TURNPIKE AUTH					
(25) Address	City		State	Zip	Telephone (Use Area Code)			
3500 N ML KING AVE	OKLAHOMA CITY		OK	73111	(405)425-3600			
(26) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	
							20' FENCE	
(27) Unit	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input type="checkbox"/> Prop. Owner <input checked="" type="checkbox"/>	Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
00		00	WINDOM	CHARLES	E			
(28) Address	City		State	Zip	Telephone (Use Area Code)			
3720 CATAMARAN DR	YUKON		OK	73099	(405)474-5404			
(29) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	
							24' PICKETT FENCE	
(30) Unit	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input type="checkbox"/> Prop. Owner <input checked="" type="checkbox"/>	Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
00		00	CARR	EARLENE				
(31) Address	City		State	Zip	Telephone (Use Area Code)			
3716 CATAMARAN DR	YUKON		OK	73099	(405)885-6490			
(32) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	
							REAR OF HOUSE & FENC	
(33) Unit	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input type="checkbox"/> Prop. Owner <input checked="" type="checkbox"/>	Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
00		00	LUMAN	CARRIE				
(34) Address	City		State	Zip	Telephone (Use Area Code)			
3706 CATAMARAN DR	YUKON		OK	73099	(405)882-4427			
(35) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	
							PERSONAL PROPERTY	

Complete information below if this vehicle is being used for COMMERCE/BUSINESS and has a GVWR/GCWR IN EXCESS OF 10,000 LBS., or has a HAZMAT PLACARD, or is a BUS WITH SEATING FOR NINE OR MORE INCLUDING THE DRIVER

(36) Unit	Carrier Name	Address	
01	HL MOTOR GROUP INC	15 OLD COLONY ROAD UNIT 33	
(37) City	State	Zip	GVWR <input type="checkbox"/> 0 - 10K lbs. <input type="checkbox"/> 10,001 - 26K lbs. <input checked="" type="checkbox"/> 26K+ lbs. <input type="checkbox"/>
RICHMOND HILL	ON	L4E 4	Axle Qty. <input type="checkbox"/> 05 <input checked="" type="checkbox"/>
(38) U.S. DOT Number	NASI Report Number	Placard Number	Haz. Mat. Class <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2274502	OK		Haz. Mat. Involved <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
(39) Unit	Carrier Name	Address	
(40) City	State	Zip	GVWR <input type="checkbox"/> 0 - 10K lbs. <input type="checkbox"/> 10,001 - 26K lbs. <input type="checkbox"/> 26K+ lbs. <input type="checkbox"/>
			Axle Qty. <input type="checkbox"/>
(41) U.S. DOT Number	NASI Report Number	Placard Number	Haz. Mat. Class <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
	OK		Haz. Mat. Involved <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>

Position in Vehicle <p>00. Not Applicable 18. Front Row - Other 28. Second Row - Other 38. Third Row - Other 48. Fourth Row - Other 50. Sleeper Section of Truck Cab</p> <p>See manual for additional seating examples</p>	Vehicle Configuration 00. N/A 01. Passenger Veh.-2 Dr 02. Passenger Veh.-4 Dr 03. Passenger Veh. Conv. 04. Pickup 05. Single Unit Truck, 2 axles 06. Single Unit Truck, 3+ axles 07. School Bus 08. Truck/Trailer 09. Truck-Tractor (Bobtail) 10. Truck-Tractor Semi-Trailer 11. Truck-Tractor Double 12. Truck-Tractor Triple 13. Bus/Large Van 9-15 occupants including driver 14. Bus 16+ occupants including driver 15. Motorcycle 16. Motor Scooter/Moped 17. Motor Home 18. Farm Machinery 19. ATV 20. SUV 21. Passenger Van 22. Truck more than 10,000 lbs., Cannot Classify 23. Van 10,000 lbs. or Less 24. Other 99. Unknown	Cargo Body Type 00. N/A 01. Bus 9-15 seats 02. Bus 16+ seats 03. Van / Enclosed Box / Stock Trailer 04. Cargo Tank 05. Flatbed 06. Intermodal 07. Dump Truck/Trailer 08. Concrete Mixer 09. Auto Transporter 10. Garbage/Refuse 11. Hopper (grain/chips/gravel) 12. Pole Trailer 13. Log Trailer 14. Vehicle Towing Vehicle 15. Other 99. Unknown
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Case Number YE00112-20

Unit	Total Lanes in Roadway	Legal Speed	Pedestrian / Pedalcyclist Only			
			Actions Prior to Collision	Location at Time of Collision	Safety Equip.	Unit Number of Vehicle Striking
This unit will correspond to 'Unit 1'	01	02	70			
This unit will correspond to 'Unit 2'	02	00	00			

Light	1	What Vehicle Was Going to Do	Unit 1	Unit 2	Unit 1	Unit 2
1 Daylight		00 Not Applicable	01	13		
2 Dark-Not Lighted		01 Go Ahead				
3 Dark-Lighted		02 Turn Left				
4 Dawn		03 Turn Right				
5 Dusk		04 Make "U" Turn				
6 Dark-Unknown Lighting		05 Stop				
7 Other		06 Slow for Cause				
9 Unknown		07 Start from Park/Stop				
		08 Change Lanes				
		09 Overtake				
		10 Pass				
		11 Back				
		12 Remain Stopped				
		13 Remain Parked				
		14 Enter/Merge in Traffic				
		15 Negotiate a Curve				
		16 Park				
		17 Other				
		99 Unknown				

Weather	03	What Vehicle Did	Unit 1	Unit 2
01 Clear		00 Not Applicable	15	13
02 Fog/Smog/Smoke		01 Went Ahead		
03 Cloudy		02 Turned Left		
04 Rain		03 Turned Right		
05 Snow		04 Entered "U" Turn		
06 Sleet/Hail (Freezing Rain/Drizzle)		05 Stopped		
07 Severe Crosswind		06 Slowed		
08 Blowing Snow		07 Started From Park/Stop		
09 Blowing Sand, Soil, Dirt		08 Entered Other Lane		
10 Other		09 Overtaking		
99 Unknown		10 Passing		
		11 Backed		
		12 Remained Stopped		
		13 Remained Parked		
		14 Entered/Merged		
		15 Departed Rdwy-Right		
		16 Departed Rdwy-Left		
		17 Swerved Right		
		18 Swerved Left		
		19 Parked		
		20 Other		
		99 Unknown		

Locality	6	Visiblity Obscured by	Unit 1	Unit 2
1 Residential		00 Not Applicable	99	00
2 Business		01 Trees		
3 Industrial		02 Embankment		
4 School		03 Building		
5 Not Built-up		04 Signs		
6 Mixed Use		05 Parked Vehicles		
7 Other		06 High Weeds		
9 Unknown		07 Fences		
		08 Shrubbery		
		09 Ice, Snow or Frost on Windows		
		10 Smoke		
		11 Fog		
		12 Dust		
		13 Rain		
		14 Sun		
		15 Other		
		99 Unknown		

Incident Type	00	Location of First Harmful Event	09
00 Not an Incident		01 On Roadway	
01 Private Property		02 Shoulder	
02 Deliberate Intent		03 Median	
03 Medical Condition		04 Roadside	
04 Legal Intervention		05 Gore	
05 Suicide		06 Separator	
06 Drowning		07 Parking Lane/Zone	
07 Other		08 Off Roadway, Location Unknown	
		09 Outside Right-of Way	
		10 Other	
		99 Unknown	

Driver Distracted by	Unit 1	Unit 2
0 Not Applicable/None	9	0
1 Electronic Communication Devices		
2 Other Electronic Device		
3 Other Inside Vehicle		
4 Other Outside Vehicle		
9 Unknown		

Road Surface Type	Unit 1	Unit 2
1 Concrete	1	1
2 Asphalt		
3 Gravel		
4 Dirt		
5 Brick		
6 Other		
9 Unknown		

Emergency Vehicle Responding to an Emergency	Unit 1	Unit 2
0 N/A	0	0
1 Yes		
2 No		
9 Unknown		

Was the collision in or near a construction, maintenance or utility work zone? (If yes, complete this section)	Yes	No
	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Type of Work Zone	Location of the Work Zone Collision
1 Lane Closure	1 Before the First Work Zone Warning Sign
2 Lane Shift/Crossover	2 Advance Warning Area
3 Work on Shoulder or Median	3 Transition Area
4 Intermittent or Moving Work	4 Activity Area
9 Unknown	5 Termination Area
	9 Unknown

Workers Present	Yes	No	Unknown
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Trafficway	Unit 1	Unit 2
4	4	7

Vehicle Removal	Unit 1	Unit 2
1	1	3

Vehicle Condition	Unit 1	Unit 2
01	01	01

Special Function of Vehicle	Unit 1	Unit 2
00	00	00


Emergency Vehicle Responding to an Emergency	Unit 1	Unit 2
0 N/A	0	0
1 Yes		
2 No		
9 Unknown		

Unsafo / Unlawful Contributing Factors	Unit 1	Unit 2
88	88	98

Point of First Contact on Vehicle	Unit 1	Unit 2
12	12	08

Most Damaged Area	Unit 1	Unit 2
12	12	08

00 Not Applicable	13 Top	14 Undercarriage	99 Unknown



Case Number YE00112-20

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Latitude

Longitude

Railroad Crossing Number

Roadway Orientation

35.5083

N

-97.6986

W

Unit

Number

01

NE
SW

S

Unit

Number

02

NE
SW

E



JKP Turnpike Southbound

COLLISION EVENTS

Unit	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event	First Harmful Event for the Entire Collision
01	17	44	71	35	71	
Unit	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event	
02	34	00	00	00	34	44

00 Not Applicable
 10 Overturn/Rollover
 11 Fire/Explosion
 12 Immersion
 13 Jackknife
 14 Cargo/Equipment Loss or Shift
 15 Equipment Failure (Blown Tire, Brake Failure, etc.)
 16 Separation of Units
 17 Departed Road Right
 18 Departed Road Left
 19 Cross Median/Centerline
 20 Downhill Runaway

21 Fell/Jumped From Motor Vehicle
 22 Thrown Or Falling Object
 23 Other Non-Collision
PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT:
 30 Pedestrian
 31 Pedal Cycle
 32 Railway Vehicle (train, engine)
 33 Animal
 34 Motor Vehicle in Transport
 35 Parked Motor Vehicle
 36 Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle

37 Work Zone/Maintenance Equipment
 38 Other Non-Fixed Object
FIXED OBJECT:
 40 Barrier (Cable)
 41 Barrier (Concrete)
 42 Barrier (Other)
 43 Fence Pole
 44 Fence
 45 Traffic Signal Support
 46 Traffic Sign Support
 47 Utility Pole/Light Support
 48 Other Post/Pole/Support
 49 Guardrail/Guardrail Face
 50 Guardrail End
 51 Culvert
 52 Curb
 53 Island
 54 Sand Barrels
 55 Impact Attenuator/ Crash Cushion

56 Pavement Drop-Off
 57 Ditch
 58 Embankment
 59 Tree (Standing)
 60 Dividing Strip
 61 Retaining Wall
 62 Bridge Abutment
 63 Bridge Pier or Support
 64 Bridge Rail
 65 Bridge Post
 66 Bridge Curb
 67 Bridge Super Structure (Beams)
 68 Bridge Overhead Structure
 69 Delineator
 70 Mailbox
 71 Other Fixed Object
 72 Other Highway Structure
 73 Ground
 99 Unknown

Remarks

UNIT 1 WAS SOUTHBOUND ON THE KILPATRICK TURNPIKE (JKT) IN THE OUTSIDE LANE. UNIT 1 WENT RIGHT OFF THE ROADWAY JUST AFTER CROSSING SH 66 OP GOING ABOUT 260' THROUGH GRASS EMBANKMENT FIRST STRIKING A FENCE LINE BEHIND 3720 CATAMARAN DR. AOI WAS APPROX 264' NORTH OF THE NORTH EDGE OF NW 36TH ST AND 138' WEST OF THE WEST EDGE OF JKT SB LANES. IN CHRONOLOGY, UNIT 1 WENT THROUGH SECOND FENCE, STRUCK THE REAR OF HOUSE/FENCE 3716 CATAMARAN DR, STRUCK THE FRONT OF DUPLEX 3706 & 3704 CATAMARAN DR, STRUCK UNIT 2 PARKED IN DRIVEWAY OF 3704, STRUCK TREES, MADE A HARD LEFT AT NW 36TH TO THE REAR OF 3700 CATAMARAN DR, STRUCK A SANITARY SEWER THEN CAME TO REST. AOI WAS APPROX 57' NORTH OF THE NORTH EDGE OF NW 36TH AND 129' WEST OF THE WEST EDGE OF JKT SB LANES. UNIT 2 AOR WAS APPROX 75' SOUTH OF ITS IMPACT. PRE-IMPACT THERE IS NO EVIDENCE OF BRAKING OR OPERATOR INPUT. POST IMPACT, ABOUT THE REAR OF 3716 CATAMARAN DR, THERE SEEMS TO BE BOTH STEERING AND BRAKING INPUT. WITNESS STATES SHE SAW UNIT 1 LEAVE THE ROADWAY 'AS IF IT WERE TAKING AN EXIT.' UNIT 1 DRIVER STATES THAT HE DID NOT RECALL EVENTS PRIOR TO THE COLLISION, AND THAT HE HAS NO MEDICAL CONDITION THAT SHOULD HAVE CAUSED UNCONSCIOUSNESS. AFTER EVENT INSPECTION OF UNIT 1 BY TRP

This report is based on the officer's investigation of this collision. This report may contain the opinion of the officer.



DPS: 0192-04 REV 0107

Case Number YE00112-20

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

PERSONS SUPPLEMENTAL

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(42) Unit	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input type="checkbox"/> Prop. Owner <input checked="" type="checkbox"/>	Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
00		00	MENDENHALL	EMILY				
(43) Address	City		State	Zip	Telephone (Use Area Code)			
3704 CATAMARAN DR	YUKON		OK	73099	4052006417			
(44) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	
							PERSONAL PROPERTY	
(45) Unit	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input type="checkbox"/> Prop. Owner <input checked="" type="checkbox"/>	Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
00		00	PALMER	ASHLYN				
(46) Address	City		State	Zip	Telephone (Use Area Code)			
3704 CATAMARAN DR	YUKON		OK	73099	4052067131			
(47) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	
							PERSONAL PROPERTY	
(48) Unit	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input checked="" type="checkbox"/> Prop. Owner <input type="checkbox"/>	Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
00		00	REYNOLDS	MARIE			10/02/1978	F
(49) Address	City		State	Zip	Telephone (Use Area Code)			
517 S PIERCE ST	ENID		OK	73703	5805519510			
(50) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	
(51) Unit	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input type="checkbox"/> Prop. Owner <input checked="" type="checkbox"/>	Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
00		00	LUNDY	RANDY	J			
(52) Address	City		State	Zip	Telephone (Use Area Code)			
11913 DORNICK CIR	OKLAHOMA CITY		OK	73162	4057081517			
(53) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	
							DUPLEX OWNER	
(54) Unit	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input type="checkbox"/> Prop. Owner <input checked="" type="checkbox"/>	Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
00		00	OKLAHOMA CITY UTILITIES					
(55) Address	City		State	Zip	Telephone (Use Area Code)			
420 W MAIN ST	OKLAHOMA CITY		OK	73102	4052972422			
(56) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	
							SANITARY SEWER TOP	
(57) Unit	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input type="checkbox"/> Prop. Owner <input type="checkbox"/>	Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
(58) Address	City		State	Zip	Telephone (Use Area Code)			
(59) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	
(60) Unit	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input type="checkbox"/> Prop. Owner <input type="checkbox"/>	Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
(61) Address	City		State	Zip	Telephone (Use Area Code)			
(62) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	
(63) Unit	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input type="checkbox"/> Prop. Owner <input type="checkbox"/>	Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
(64) Address	City		State	Zip	Telephone (Use Area Code)			
(65) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	
(66) Unit	Injured <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input type="checkbox"/> Prop. Owner <input type="checkbox"/>	Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
(67) Address	City		State	Zip	Telephone (Use Area Code)			
(68) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type	



DPS: 0192-SUPP01 REV 0107

**OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT
ADDITIONAL NARRATIVE**

RAGLAND S729 DID NOT REVEAL ANY OBVIOUS MECHANICAL DEFECTS. RAGLAND'S INSPECTION REPORT IS #OKI104152005. UNIT 1 DRIVER LOG SHOWS DRIVER HAD BEEN ACTIVE FOR AT LEAST 9 HOURS. INVESTIGATION EVIDENCE POINT TO SLEEPY DRIVER. AERIAL MAPPING AND DIAGRAM ASSISTANCE BY TRP CONWAY #337 (THU) WITH SUPPLEMENTAL REPORT CR03038-20.

PHOTOS WERE TAKEN BY TROOPERS LINZY AND CONWAY, HOMEOWNERS, AND MEDIA AND WERE STORED AT TROOP HQ'S AND INDIVIDUAL DEVICES.

